

**WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT**  
**580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002**  
**PHONE (860) 561-7900\*\*\*\*\*FAX (860) 561-7918**

**2019 Application for Food License**

***Expires Annually on December 31<sup>st</sup>***

**\*\*\*ALL SECTIONS MUST BE FILLED IN\*\*\***

**FOR OFFICE USE ONLY**

Class: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_.

Check #: \_\_\_\_\_

Rcpt #: \_\_\_\_\_

Establishment Name \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

Establishment Address \_\_\_\_\_ Street \_\_\_\_\_ FAX # \_\_\_\_\_

Town

State

Zip Code

Mailing/Billing Address \_\_\_\_\_  
(if different from above) Street \_\_\_\_\_

Town

State

Zip Code

**Seating Capacity** \_\_\_\_\_ **Hours of Operation** \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_

Officers' Names (if incorporated) \_\_\_\_\_

Owner's Address \_\_\_\_\_  
Street \_\_\_\_\_

Town

State

Zip Code

Owner's Home Phone # \_\_\_\_\_ Owner's E-Mail \_\_\_\_\_

Name of Certified Food Protection Manager: \_\_\_\_\_

**(REQUIRED for Class 2, 3 and 4 Establishments)...Please attach a copy of current certificate.**

**\*\*Expired certificates are no longer acceptable\*\***

**After Hours Contact Information:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Specialized Cook Processes: (Please check all processes used in food establishment)**

\_\_\_ Reduced Oxygen Packaging/Sous Vide

\_\_\_ Acidation of Sushi Rice

\_\_\_ Smoking

\_\_\_ Curing

\_\_\_ Processing and Packaging Juice

\_\_\_ Live Molluscan Shellfish Tanks

\_\_\_ Use of Food Additives

\_\_\_ Sprouted Seeds

\_\_\_ Custom Processing of Animals

\_\_\_ Other: \_\_\_\_\_

**THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS & ORDINANCES ENFORCED BY THE WHBHD.  
THE WHBHD MUST BE NOTIFIED IF THERE ARE CHANGES IN THE MENU, FACILITY, FOOD PROTECTION MANAGER,  
EQUIPMENT OR ANY OF THE ABOVE LISTED INFORMATION.**

\_\_\_\_\_  
**Applicant (Please Print)**

\_\_\_\_\_  
**Applicant's Signature**